Authorization to debit a bank account

		Clearing house code											
	Bank:	1	Ban	k accou	nt numl	oer		Acct	. type	Bran	ıch	Bank	
	Branch:		Institution number Stude							nt's I.D. number			
	Branch address:	0	1 1	2	umber 7	3		St	udent	5 I.D. m	imber		
1.	I the undersigned	11 /	1										
		Name/s of account holder/s as shown in bank records student number Address:											
Address: Street No. Town P										estcode			
hereby instruct you to debit my/our aforementioned account in your branch, for <u>payment of tuition fees additional char</u> the amounts and on the dates furnished to you from time to time, on magnetic media or records, by the <u>Technion – Isra Technology</u> , as specified below under "Details of the authorization".													
2.	I/we know that:												
	a. This instruction may be cancelled by written notice from me/us to the Bank and to the <u>Technion – Israel Institute of Technology</u> , which will come into force one business day after delivery to the Bank, and also may be cancelled by any provision of law.												
	b. I/we may cancel a particular debit in advance, providing that written notice of such cancellation is delivered to the Bank at least one business day before the debit date.												
	c. I/we may cancel a debit no more than ninety days from the debit date, if I/we can prove to the Bank that the said debit does not match any dates or amounts that may be specified in the authorization.												
3.	I/we know that I/we must arrange completion of the details in this authorization with the beneficiary.												
4.	I/we know that the amounts to be debited under this authorization will appear on the bank statements and that no further special notice will be sent by the Bank for these debits.												
5.	The Bank will follow the written instructions in this authorization so long as the status of the account permits, and so long as there is no legal or other reason preventing it from doing so.												
6.	The Bank may release me/us from the arrangement specified in this authorization, if it has reasonable grounds, and will inform me/us												
7.	immediately after taking this decision, indicating the reason. Please confirm receipt of these instructions from me/us to the Technion – <u>Israel Institute of Technology</u> , on the attached slip.												
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	ne amounts and dates of the debits shall be determine basis of (principles for determination): <u>tuition fe</u>	ined fro	m time	e to time	by the							C 3	
Date Signature/s of ac							ount l	nolder/s	3				
		Bank	Confi	rmation	<u>l</u>								
	To:		D			Clearing	g hou			D		D 1	
	Technion – Israel Institute of Technology Student Accounts Department Haifa 32000		Ban	k accou	nt numt	ber		Acct	. type	Brai	icn	Bank	
			1	tution n				St	udent's	s I.D. nı	umber		
		0	1	2	7	3							
or i hav rea acc	e have received instructions from records you submit to us from time to time, bearing the we noted the instructions and shall act accordingly, as loson preventing us from doing so, so long as we have no count holder/s is/are not released from the arrangement. demnification document signed by you.	number ong as th ot receiv	of his/le status ed writt	of the acten notice	bank accecount so	count, al permit cellation	ll as s s, so from	pecified long as the acc	d in the there is count ho	Authori no lega older/s o	zation. l or oth r so lor	We ner ng as the	
			urs sinc	-									
	udent name:		nk:							-			
Da	tte: Telephone:			Branch:									
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